# CONSERVATION EMPLOYEES' BENEFIT PLAN 2015 Medical Insurance Premium Rate Structure

# **ACTIVE**

TRADITIONAL PLAN				
Tier MDC Contribution Standard Monthly *Non-Tobacco				
		Premium	Monthly Premium	
Subscriber	\$363.97	\$211.28	\$171.28	
Subscriber + Spouse	\$727.95	\$382.56	\$342.56	
Subscriber + Child(ren)	\$691.55	\$365.44	\$325.44	
Subscriber + Family	\$782.54	\$408.26	\$368.26	

TRADITIONAL COBRA				
Tier MDC Contribution Standard Monthly *Non-Tobacco &				
		Premium	Monthly Premium	
Subscriber	\$0	\$585.95	\$545.95	
Subscriber + Spouse	\$0	\$1131.93	\$1091.93	
Subscriber + Child(ren)	\$0	\$1077.32	\$1037.32	
Subscriber + Family	\$0	\$1213.82	\$1173.82	

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)/with HSA					
Tier	Tier MDC Standard Monthly *Non-Tobacco Use				
	Contribution	Premium	Monthly Premium		
Subscriber	\$290.30	\$176.60	\$136.60		
Subscriber + Spouse	\$580.58	\$313.22	\$273.22		
Subscriber + Child(ren)	\$551.56	\$299.56	\$259.56		
Subscriber + Family	\$624.14	\$333.70	\$293.70		

HIGH DEDUCTIBLE HEALTH PLAN COBRA					
Tier	Tier MDC Standard Monthly *Non-Tobacco Use				
	Contribution	Premium	Monthly Premium		
Subscriber	\$0	\$475.44	\$435.44		
Subscriber + Spouse	\$0	\$910.87	\$870.87		
Subscriber + Child(ren)	\$0	\$867.33	\$827.33		
Subscriber + Family	\$0	\$976.19	\$936.19		

LIMITED HIGH DEDUCTIBLE HEALTH PLAN/No HSA				
Tier	MDC	Standard Monthly	*Non-Tobacco Use	
	Contribution	Premium	Monthly Premium	
Subscriber	\$234.26	\$150.24	\$110.24	
Subscriber + Spouse	\$468.51	\$260.48	\$220.48	
Subscriber + Child(ren)	\$445.09	\$249.46	\$209.46	
Subscriber + Family	\$503.66	\$277.00	\$237.00	

LIMITED HIGH DEDUCTIBLE HEALTH PLAN/No HSA COBRA				
Tier	MDC	Standard Monthly	*Non-Tobacco Use	
	Contribution	Premium	Monthly Premium	
Subscriber	\$0	\$391.39	\$351.39	
Subscriber + Spouse	\$0	\$742.77	\$702.77	
Subscriber + Child(ren)	\$0	\$707.64	\$667.64	
Subscriber + Family	\$0	\$795.47	\$755.47	

# CONSERVATION EMPLOYEES' BENEFIT PLAN 2015 Medical Insurance Premium Rate Structure

# **RETIREE (Retired prior to 1/1/13)**

TRADITIONAL PLAN					
Tier	Tier MDC Contribution Standard Member *Non-Tobacc				
		Premium	<b>Monthly Premium</b>		
Subscriber-w/o Medicare	\$258.79	\$520.62	\$480.62		
Subscriber- Medicare	\$106.43	\$237.65	\$197.65		
Subscriber + Family-w/o					
Medicare	\$448.25	\$872.45	\$832.45		
Subscriber + Family-					
Medicare	\$173.05	\$361.37	\$321.37		
Subscriber 10ver/1Under	\$305.65	\$607.63	\$567.63		

TRADITIONAL COBRA			
Tier	MDC Contribution	Standard Monthly	*Non-Tobacco Use
		Premium	Monthly Premium
Subscriber-w/o Medicare	\$0	\$794.20	\$754.20
Subscriber- Medicare	\$0	\$350.15	\$310.15
Subscriber + Family-w/o			
Medicare	\$0	\$1346.32	\$1306.32
Subscriber + Family-			
Medicare	\$0	\$544.30	\$504.30
Subscriber 10ver/1Under	\$0	\$930.75	\$890.75

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)				
Tier	MDC	Standard Monthly	*Non-Tobacco Use	
	Contribution	Premium	Monthly Premium	
Subscriber-w/o Medicare	\$234.70	\$475.86	\$435.86	
Subscriber- Medicare	\$85.67	\$199.10	\$159.11	
Subscriber + Family-w/o				
Medicare	\$401.91	\$786.41	\$746.41	
Subscriber + Family-				
Medicare	\$132.38	\$285.85	\$245.85	
Subscriber 10ver/1Under	\$252.06	\$508.10	\$468.10	

HDHP COBRA				
Tier	MDC Contribution	Standard Monthly Premium	*Non-Tobacco Use Monthly Premium	
Subscriber-w/o Medicare	\$0	\$723.97	\$683.97	
Subscriber-Medicare	\$0	\$289.67	\$249.67	
Subscriber + Family-w/o				
Medicare	\$0	\$1211.29	\$1171.29	
Subscriber + Family-				
Medicare	\$0	\$425.79	\$385.79	
Subscriber 10ver/1Under	\$0	\$774.56	\$734.56	

<sup>\*</sup>With Subscriber and Spouse (if applicable) Signed Non-Tobacco Attestation

# CONSERVATION EMPLOYEES' BENEFIT PLAN 2015 Medical Insurance Premium Rate Structure

#### RETIREE who is vested up to 14 years of State service

itarintaa iniin in rootou up to 11 your or otato corrito			
TRADITIONAL PLAN			
Tier	MDC Contribution	Standard Member	*Non-Tobacco Use
		Premium	Monthly Premium
Subscriber-w/o Medicare	\$147.88	\$631.53	\$591.53
Subscriber- Medicare	\$60.81	\$283.26	\$243.26
Subscriber + Family-w/o			
Medicare	\$256.14	\$1064.56	\$1024.56
Subscriber + Family-			
Medicare	\$98.88	\$435.54	\$395.54
Subscriber 10ver/1Under	\$174.66	\$738.62	\$698.62

TRADITIONAL COBRA			
Tier	MDC Contribution	Standard Monthly	*Non-Tobacco Use
		Premium	Monthly Premium
Subscriber-w/o Medicare	\$0	\$794.20	\$754.20
Subscriber- Medicare	\$0	\$350.15	\$310.15
Subscriber + Family-w/o			
Medicare	\$0	\$1346.32	\$1306.32
Subscriber + Family-			
Medicare	\$0	\$544.30	\$504.30
Subscriber 10ver/1Under	\$0	\$930.75	\$890.75

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)				
Tier	MDC	Standard Monthly	*Non-Tobacco Use	
	Contribution	Premium	Monthly Premium	
Subscriber-w/o Medicare	\$134.11	\$576.45	\$536.45	
Subscriber- Medicare	\$48.96	\$235.83	\$195.82	
Subscriber + Family-w/o				
Medicare	\$229.66	\$958.66	\$918.66	
Subscriber + Family-				
Medicare	\$75.65	\$342.58	\$302.58	
Subscriber 10ver/1Under	\$144.03	\$616.13	\$576.13	

	HDH	IP COBRA	
Tier	MDC	Standard Monthly	*Non-Tobacco Use
	Contribution	Premium	Monthly Premium
Subscriber-w/o Medicare	\$0	\$723.97	\$683.97
Subscriber-Medicare	\$0	\$289.67	\$249.67
Subscriber + Family-w/o			
Medicare	\$0	\$1211.29	\$1171.29
Subscriber + Family-			
Medicare	\$0	\$425.79	\$385.79
Subscriber 10ver/1Under	\$0	\$774.56	\$734.56

<sup>\*</sup>With Subscriber and Spouse (if applicable) Signed Non-Tobacco Attestation

# CONSERVATION EMPLOYEES' BENEFIT PLAN 2015 Medical Insurance Premium Rate Structure

## RETIREE who is vested up to 15-19 years of State service

		,	
TRADITIONAL PLAN			
Tier	MDC Contribution	Standard Member	*Non-Tobacco Use
		Premium	Monthly Premium
Subscriber-w/o Medicare	\$184.85	\$594.56	\$554.46
Subscriber- Medicare	\$76.02	\$268.05	\$228.05
Subscriber + Family-w/o			
Medicare	\$320.18	\$1000.52	\$960.52
Subscriber + Family-			
Medicare	\$123.61	\$410.81	\$370.81
Subscriber 10ver/1Under	\$218.32	\$694.96	\$654.96

TRADITIONAL COBRA			
Tier	MDC Contribution	Standard Monthly	*Non-Tobacco Use
		Premium	Monthly Premium
Subscriber-w/o Medicare	\$0	\$794.20	\$754.20
Subscriber- Medicare	\$0	\$350.15	\$310.15
Subscriber + Family-w/o			
Medicare	\$0	\$1346.32	\$1306.32
Subscriber + Family-			
Medicare	\$0	\$544.30	\$504.30
Subscriber 10ver/1Under	\$0	\$930.75	\$890.75

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)						
Tier						
	Contribution	Premium	Monthly Premium			
Subscriber-w/o Medicare	\$167.64	\$542.92	\$502.92			
Subscriber- Medicare	\$61.20	\$223.58	\$183.58			
Subscriber + Family-w/o						
Medicare	\$287.08	\$901.24	\$861.24			
Subscriber + Family-						
Medicare	\$94.56	\$323.67	\$283.67			
Subscriber 10ver/1Under	\$180.04	\$580.12	\$540.12			

HDHP COBRA						
Tier	Tier MDC Standard Monthly *Non-Tobacco Use					
	Contribution	Premium	<b>Monthly Premium</b>			
Subscriber-w/o Medicare	\$0	\$723.97	\$683.97			
Subscriber-Medicare	\$0	\$289.67	\$249.67			
Subscriber + Family-w/o						
Medicare	\$0	\$1211.29	\$1171.29			
Subscriber + Family-						
Medicare	\$0	\$425.79	\$385.79			
Subscriber 10ver/1Under	\$0	\$774.56	\$734.56			

<sup>\*</sup>With Subscriber and Spouse (if applicable) Signed Non-Tobacco Attestation

# **CONSERVATION EMPLOYEES' BENEFIT PLAN**

2015 Medical Insurance Premium Rate Structure

## RETIREE who is vested up to 20-24 years of State service

TRADITIONAL PLAN				
Tier	MDC Contribution	Standard Member	*Non-Tobacco Use	
		Premium	<b>Monthly Premium</b>	
Subscriber-w/o Medicare	\$221.82	\$557.549	\$517.59	
Subscriber- Medicare	\$91.22	\$252.85	\$212.85	
Subscriber + Family-w/o				
Medicare	\$384.21	\$936.49	\$896.49	
Subscriber + Family-				
Medicare	\$148.33	\$386.09	\$346.09	
Subscriber 10ver/1Under	\$261.98	\$651.30	\$611.30	

TRADITIONAL COBRA			
Tier	MDC Contribution	Standard Monthly	*Non-Tobacco Use
		Premium	Monthly Premium
Subscriber-w/o Medicare	\$0	\$794.20	\$754.20
Subscriber- Medicare	\$0	\$350.15	\$310.15
Subscriber + Family-w/o			
Medicare	\$0	\$1346.32	\$1306.32
Subscriber + Family-			
Medicare	\$0	\$544.30	\$504.30
Subscriber 10ver/1Under	\$0	\$930.75	\$890.75

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)				
Tier	MDC	Standard Monthly	*Non-Tobacco Use	
	Contribution	Premium	<b>Monthly Premium</b>	
Subscriber-w/o Medicare	\$201.17	\$509.39	\$469.39	
Subscriber- Medicare	\$73.43	\$211.35	\$171.35	
Subscriber + Family-w/o				
Medicare	\$344.50	\$843.82	\$803.82	
Subscriber + Family-				
Medicare	\$113.47	\$304.76	\$264.76	
Subscriber 10ver/1Under	\$216.05	\$544.11	\$504.11	

HDHP COBRA				
Tier	MDC	Standard Monthly	*Non-Tobacco Use	
	Contribution	Premium	Monthly Premium	
Subscriber-w/o Medicare	\$0	\$794.20	\$754.20	
Subscriber-Medicare	\$0	\$350.15	\$310.15	
Subscriber + Family-w/o				
Medicare	\$0	\$1346.32	\$1306.32	
Subscriber + Family-				
Medicare	\$0	\$544.30	\$504.30	
Subscriber 10ver/1Under	\$0	\$930.75	\$890.75	

<sup>\*</sup>With Subscriber and Spouse (if applicable) Signed Non-Tobacco Attestation

# **CONSERVATION EMPLOYEES' BENEFIT PLAN**

2015 Medical Insurance Premium Rate Structure

#### **RETIREE with 25 years of State service**

	- 3		
TRADITIONAL PLAN			
Tier	MDC Contribution	Standard Member	*Non-Tobacco Use
		Premium	<b>Monthly Premium</b>
Subscriber-w/o Medicare	\$258.79	\$520.62	\$480.62
Subscriber- Medicare	\$106.43	\$237.65	\$197.65
Subscriber + Family-w/o			
Medicare	\$448.25	\$872.45	\$832.45
Subscriber + Family-			
Medicare	\$173.05	\$361.37	\$321.37
Subscriber 10ver/1Under	\$305.65	\$607.63	\$567.63

TRADITIONAL COBRA			
Tier	MDC Contribution	Standard Monthly	*Non-Tobacco Use
		Premium	Monthly Premium
Subscriber-w/o Medicare	\$0	\$794.20	\$754.20
Subscriber- Medicare	\$0	\$350.15	\$310.15
Subscriber + Family-w/o			
Medicare	\$0	\$1346.32	\$1306.32
Subscriber + Family-			
Medicare	\$0	\$544.30	\$504.30
Subscriber 10ver/1Under	\$0	\$930.75	\$890.75

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)				
Tier MDC Standard Monthly *Non-Tobacco Use				
	Contribution	Premium	Monthly Premium	
Subscriber-w/o Medicare	\$234.70	\$475.86	\$435.86	
Subscriber- Medicare	\$85.67	\$199.11	\$159.11	
Subscriber + Family-w/o				
Medicare	\$401.91	\$786.41	\$746.41	
Subscriber + Family-				
Medicare	\$132.38	\$285.85	\$245.85	
Subscriber 10ver/1Under	\$252.06	\$508.10	\$468.10	

HDHP COBRA			
Tier	MDC	Standard Monthly	*Non-Tobacco Use
	Contribution	Premium	Monthly Premium
Subscriber-w/o Medicare	\$0	\$723.97	\$683.97
Subscriber-Medicare	\$0	\$289.67	\$249.67
Subscriber + Family-w/o			
Medicare	\$0	\$1211.29	\$1171.29
Subscriber + Family-			
Medicare	\$0	\$425.79	\$385.79
Subscriber 10ver/1Under	\$0	\$774.56	\$734.56

<sup>\*</sup>With Subscriber and Spouse (if applicable) Signed Non-Tobacco Attestation

## **CONSERVATION EMPLOYEES' BENEFIT PLAN**

2015 Medical Insurance Premium Rate Structure

## Voluntary Payroll Reduction Program (VPRP) 09-10

		<u> </u>	
TRADITIONAL PLAN			
Tier	MDC Contribution	Standard Member	*Non-Tobacco Use
		Premium	Monthly Premium
Subscriber-w/o Medicare	\$100.96	\$678.45	\$638.45
Subscriber- Medicare	\$41.50	\$302.58	\$262.58
Subscriber + Family-w/o			
Medicare	\$174.87	\$1145.84	\$1105.84
Subscriber + Family-			
Medicare	\$67.51	\$466.91	\$426.91
Subscriber 10ver/1Under	\$94.56	\$818.72	\$778.72

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)					
Tier	MDC Standard Monthly *Non-Tobacco Use				
	Contribution	Premium	<b>Monthly Premium</b>		
Subscriber-w/o Medicare	\$91.56	\$618.99	\$578.99		
Subscriber- Medicare	\$33.42	\$251.35	\$211.35		
Subscriber + Family-w/o					
Medicare	\$156.79	\$1031.53	\$991.53		
Subscriber + Family-					
Medicare	\$51.64	\$366.59	\$326.59		
Subscriber 10ver/1Under	\$77.98	\$682.18	\$642.18		

<sup>\*</sup>With Subscriber and Spouse (if applicable) Signed Non-Tobacco Attestation

#### **CONSERVATION EMPLOYEES' BENEFIT PLAN**

2013 Medical Insurance Premium Rate Structure

#### **VPRP 11**

TRADITIONAL PLAN			
Tier	MDC Contribution	Standard Member	*Non-Tobacco Use
		Premium	Monthly Premium
Subscriber-w/o Medicare	\$100.05	679.36	\$639.36
Subscriber- Medicare	\$45.23	298.85	\$258.85
Subscriber + Family-w/o			
Medicare	\$190.61	\$1130.10	\$1090.10
Subscriber + Family-			
Medicare	\$73.58	\$460.84	\$420.84
Subscriber 10ver/1Under	\$111.58	\$801.70	\$761.70

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)						
Tier	Tier MDC Standard Monthly *Non-Tobacco Us					
	Contribution	Premium	<b>Monthly Premium</b>			
Subscriber-w/o Medicare	\$99.80	\$610.75	\$570.75			
Subscriber- Medicare	\$36.43	\$248.34	\$208.34			
Subscriber + Family-w/o						
Medicare	\$170.90	\$1017.42	\$977.42			
Subscriber + Family-						
Medicare	\$56.29	\$361.94	\$321.94			
Subscriber 10ver/1Under	\$92.01	\$668.15	\$628.15			

<sup>\*</sup>With Subscriber and Spouse (if applicable) Signed Non-Tobacco Attestation